

EXHIBIT L



POST MORTEM REPORT

THIS IS TO CERTIFY THAT

Jeffrey Hudson, M.D. Assistant Medical Examiner

AT

Wayne County Medical Examiner's Office

PERFORMED A POSTMORTEM EXAMINATION ON THE BODY
Kapusinski, David Michael

ON

Apr 17, 2015

SUMMARY & OPINION

It is my opinion that death was caused by cardiac dysrhythmia due to an electrical stun gun wound to the chest.

According to the police narrative, police responded to a residence for a sexual assault in progress. Officers observed the decedent assaulting the victim and after failing to comply with commands to release the victim, an electrical stun gun was deployed, possibly striking the decedent in the right arm, separating him from the victim. After the first stun gun deployment, the decedent reportedly started to get back up and kick at the officer at which time the officer deployed his stun gun a second time. However, there was no reaction from the decedent. The second officer then deployed his stun gun which took the decedent to the ground and he was subsequently handcuffed. The officers began to monitor the decedent's condition. As the decedent's condition deteriorated and he became unresponsive, CPR was initiated. Emergency medical services were summoned and the decedent was transported to Oakwood hospital with advanced cardiac life support in progress. He was pronounced dead approximately 30 minutes after arriving at the hospital.

Subsequent autopsy revealed two electrical stun gun wounds on the body: chest (1), right arm (1). The wounds were arbitrarily numbered for ease of description.

ELECTRICAL STUN GUN WOUND TO THE (ESGW#1):

There was an electrical stun gun wound to the left side of the chest consisting of two probe entrance wounds approximately 5/8 inches apart. Each probe wound was encircled by irregular purple contusions.

ELECTRICAL STUN GUN WOUND TO THE RIGHT ARM (ESGW#2):

There was an electrical stun gun wound to the posterior right arm, just below the elbow, consisting of two probe entrance wounds approximately 5/8 inches apart. The smaller probe wound had an associated faint purple contusion.

Additional injuries included abrasions to the chin, left lower chest, right lower abdomen, right upper arm, penis, and both knees. There were contusions on the chin and posterior left forearm.

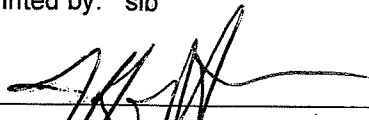
Postmortem toxicological studies revealed amphetamine (3000 ng/mL) in the peripheral blood. Amphetamine is a central nervous system stimulant that can produce restlessness, hyperthermia, convulsions, hallucinations, respiratory failure, and cardiac failure. Reported blood concentrations in amphetamine-related fatalities ranged from 500 - 41000 ng/mL (mean, 9000 ng/mL). Additionally, steady-state blood levels of 2000 - 3000 ng/mL had been reported in addicts who consumed approximately 1000 mg daily. Amphetamine is also an adrenergic agonist whose effect is enhanced by stress, such as that experienced in the context of a police encounter. Whether or not the decedent used amphetamine in the past, or with any regularity, is unknown. It is unlikely that the amphetamine present in this case is a cause of death in and of itself.

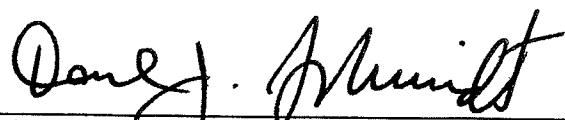
The manner of death is classified as a homicide.



POST MORTEM REPORT

Printed by: slb


Jeffrey Hudson, M.D. Assistant Medical Examiner
June 2, 2015


Carl J. Schmidt, M.D. Chief Medical Examiner
June 2, 2015

(report continues on next page)



POST MORTEM REPORT

Cause of Death:

- Ia. CARDIAC DYSRHYTHMIA
- Ib. ELECTRICAL STUN GUN WOUND TO THE CHEST
- II. AMPHETAMINE USE

Other Significant Conditions:

Manner of Death:

Homicide

NARRATIVE SUMMARY

Case Number: 4606 - 15
Name: David Kapuscinski
Date of Pronounced Death: April 16, 2105
Date of Postmortem Examination: April 17, 2015

EXTERNAL EXAMINATION:

The body was that of a normally developed white male appearing about the recorded age of 39 years. The body measured 5 feet 9 inches in length and weighed 150 pounds. The body was cool, rigor mortis was fully developed, and livor mortis was present posteriorly and fixed. Clothing consisted of a hospital gown. The head was normocephalic and the scalp hair was brown, close-shaven, and receding. There was a brown mustache and stubble beard. The eyes had white sclerae, pale conjunctivae, and brown irides. The dentition was absent. No lesions of the oral mucosa were identified. There were no masses discernable in the neck and the larynx was in the midline. The thorax was symmetrical. The abdomen was flat. The external genitalia were those of an adult circumcised male. The extremities and back showed no significant deformities. There were tattoos on the left and right upper arms and left chest.

EVIDENCE OF TREATMENT:

An endotracheal tube was in place. There were intravascular lines in the anterior right upper arm and the left antecubital fossa. An intraosseous catheter was in the anterior right lower leg. Electrocardiogram lead pads and defibrillator pads were on the body.

EVIDENCE OF INJURY:

ELECTRICAL STUN GUN WOUNDS

There were 2 electrical stun gun wounds on the body: chest (1), right arm (1). The wounds are arbitrarily numbered for ease of description and do not reflect the sequence of firing.

ELECTRICAL STUN GUN WOUND TO THE (ESGW#1):

There was an electrical stun gun wound to the left side of the chest, located 14 1/4 inches below the top of the head and 2 1/2 inches left of the midline. The wound consisted of two probe entrance wounds (3/16 inch x 1/8 inch and 1/8 inch x 1/8 inch) approximately 5/8 inches apart. Each probe wound was encircled by irregular purple contusions.

1300 East Warren Avenue
Detroit, MI 48207MEDICAL EXAMINER
15-4606f
COUNTY OF DEATH
WAYNE
TOWN OF DEATH
TRENTON
DATE PRONOUNCED DEAD
Apr 16, 2015**POST MORTEM REPORT****ELECTRICAL STUN GUN WOUND TO THE RIGHT ARM (ESGW#2):**

There was an electrical stun gun wound to the posterior right arm, just below the elbow, located 14 3/8 inches below the top of the right shoulder. The wound consisted of two probe entrance wounds (5/16 inches x 1/8 inch and 1/8 inch x 18 inch) approximately 5/8 inches apart. The smaller probe wound had an associated faint purple contusion.

Additional injuries:

There was a 1 inch x 3/4 inch abrasion with associated contusion on the chin, just below the lower lip. A 1 1/2 inch x 1/2 inch purple contusion was on the posterior left forearm. A 5/16 inch x 1/8 inch abrasion was on the left lower chest. On the right lower abdomen were two linear abrasions (3/16 inch and 1/8 inch). A 3/16 inch round abrasion was on the lateral right upper arm. There were multiple abrasions (1/8 inch - 3/4 inches) involving the ventral and dorsal aspects of the shaft of the penis as well as the head of the penis. There were multiple scabbed abrasions on the right knee. Two, 1/4 inch scabbed abrasions were on the left knee.

INTERNAL EXAMINATION:

An autopsy was performed utilizing the normal thoraco-abdominal and posterior coronal scalp incisions. The pleural, pericardial, and peritoneal cavities had smooth serosal surfaces and the viscera were in their normal anatomical positions. The internal systems were as follows:

Head:

No abnormality was noted in the reflected scalp, calvarium, dura, meninges or the base of the skull. The 1300 gm brain was free of neoplastic and other focal lesions, infarcts, and hemorrhages. The cerebral vascular system was unremarkable.

Neck:

No abnormality was noted in the cervical muscles, hyoid bone, laryngeal cartilages, trachea, or the cervical vertebral column.

Cardiovascular System:

The 375 gm heart had a normal configuration with an unremarkable epicardial surface and a moderate amount of epicardial fat. The coronary arteries had no significant atherosclerotic disease. No acute thrombi were present. Both ventricles were of normal size and their walls were of normal thickness. No focal endomyocardial lesions were present. The papillary muscles and chordae tendineae were not thickened, and the heart valves were unremarkable. The aorta had no significant atherosclerosis. The major arteries and great veins showed normal distribution.

Respiratory System:

The larynx and trachea were unremarkable. The right and left lungs weighed 800 gm and 700 gm, respectively. There was passive congestion in the parenchyma that was accentuated with dependent lividity as well as marked edema. No pulmonary emboli were identified.

Hepatobiliary System:

The 1700 gm liver had firm dark tan surfaces and an unremarkable parenchymal pattern. The gallbladder was not present.

Hemolymphatics:

The 175 gm spleen had smooth surfaces and dark purple firm pulp. There was no significant lymphadenopathy.

Alimentary System:

The tongue, esophagus, stomach, small bowel, appendix and colon were unremarkable. The lining of the stomach had an intact and unremarkable rugal pattern and the contents of the stomach consisted of approximately 50 mL of partially



1300 East Warren Avenue
Detroit, MI 48207

POST MORTEM REPORT

M.E. CASE NUMBER
15-4606
COUNTY OF DEATH
WAYNE
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TRENTON
DATE PRONOUNCED DEAD
Apr 16, 2015

digested food.

Pancreas:

The pancreas showed an unremarkable tan lobulated pattern.

Endocrine System:

The thyroid gland had a normal bilobed configuration. The adrenal glands were each unremarkable with golden-yellow cortices.

Genitourinary System:

The right and left kidneys each weighed 150 gm. Each kidney had smooth cortical surfaces, normal cortico-medullary regions and no changes in the calyceal systems, pelves, ureters, or bladder.

Musculoskeletal System:

All the muscles and axial skeleton were free of any significant abnormalities.

Routine tissue specimens were retained in formalin for one year after autopsy in accordance with the current record retention schedule.

MICROSCOPIC DESCRIPTION

Cassette Summary:

1. Brain
2. Lung
3. Heart
4. Lung
5. Liver
6. Lung
7. Brain
8. Lung
9. Skin / Heart
10. Kidneys

Microscopic Description:

Skin - A section of skin from the chest wound showed streaming of nuclei of the basement membrane consistent with electrothermal injury. There was also hemorrhage corresponding to the areas of probe penetration.

Lung - Sections of the lungs showed alveolar hemorrhage and multiple pigmented alveolar macrophages.

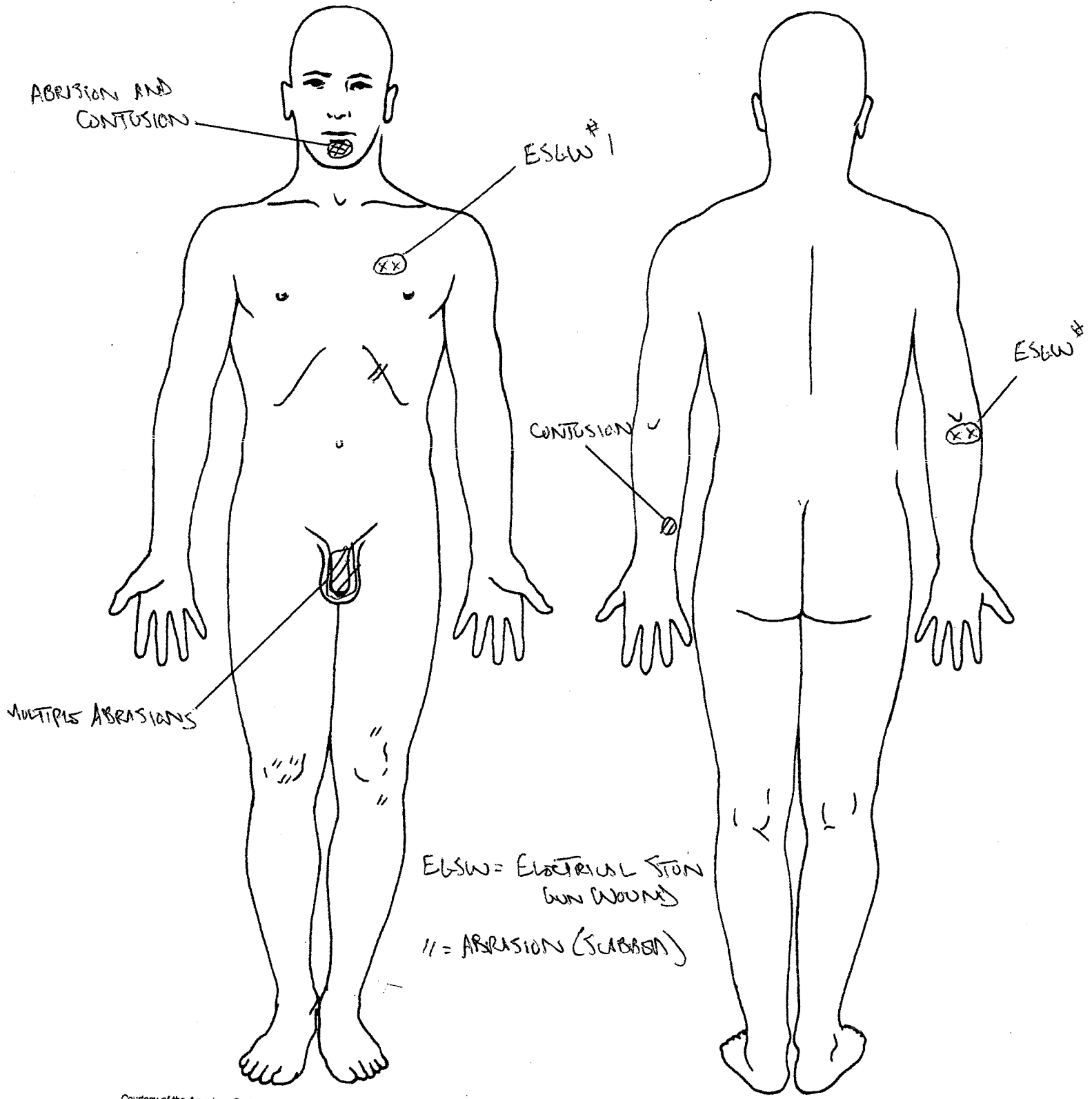
Heart - Heart sections showed mild enlargement of some cardiac myocytes with large, hyperchromatic nuclei. There was also mild fibrosis.

Liver - A section of the liver showed sinusoidal congestion.

Microscopic examination of the brain and kidneys revealed no significant histopathologic changes.

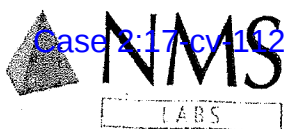
(End of Report)

Full body male, anterior and posterior views (ventral and dorsal)
Name DAVID KAPUSCENSKI Autopsy No. 15-4606
Age 39 Race W Sex M Date 4/17/2015



Courtesy of the American Society of Clinical Pathologists, Chicago, Ill.

1 of 1
✗



3701 Welsh Road, PO Box 433A, Willow Grove, PA 19090-0437
Phone: (215) 657-4900 Fax: (215) 657-2972
e-mail: nms@nmslabs.com
Robert A. Middleberg, PhD, F-ABFT, DABCC-TC, Laboratory Director

Toxicology Report

Report Issued 05/01/2015 08:59

To: 10373

University of Michigan - Wayne County
Attn: Dr. Carl J. Schmidt
1300 East Warren
Detroit, MI 48207

Patient Name KAPUSCINSKI, DAVID
Patient ID 15-4606
Chain 11884727
Age 39 Y DOB Not Given
Gender Male
Workorder 15113407

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Positive Findings:

Compound	Result	Units	Matrix Source
Caffeine	Positive	mcg/mL	001 - Peripheral Blood
Naloxone	Positive	ng/mL	001 - Peripheral Blood
Phenylpropanolamine	8.1	ng/mL	001 - Peripheral Blood
Amphetamine	3000	ng/mL	001 - Peripheral Blood
Amphetamines	Presump Pos	ng/mL	004 - Urine

See Detailed Findings section for additional information

Testing Requested:

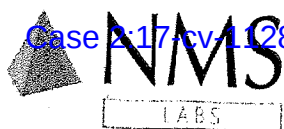
Analysis Code	Description
8050U	Postmortem Toxicology - Urine Screen Add-on (6-MAM Quantification only)
8057B	Postmortem Toxicology - Expanded with Vitreous Alcohol Confirmation, Blood - University of MI (CSA)

Specimens Received:

ID	Tube/Container	Volume/ Mass	Collection Date/Time	Matrix Source	Miscellaneous Information
001	Gray Top Tube	3 mL	04/17/2015 09:00	Peripheral Blood	
002	Gray Top Tube	2.5 mL	04/17/2015 09:00	Peripheral Blood	
003	Red Top Tube	2 mL	04/17/2015 09:00	Vitreous Fluid	
004	Green Vial	10 mL	04/17/2015 09:00	Urine	
005	White Plastic Container	8.47 g	04/17/2015 09:00	Liver Tissue	

All sample volumes/weights are approximations.

Specimens received on 04/20/2015.

**Detailed Findings:**

Analysis and Comments	Result	Units	Rpt. Limit	Specimen Source	Analysis By
Caffeine	Positive	mcg/mL	1.0	001 - Peripheral Blood	LC/TOF-MS
Naloxone	Positive	ng/mL	1.0	001 - Peripheral Blood	LC/TOF-MS
Phenylpropanolamine	8.1	ng/mL	5.0	001 - Peripheral Blood	LC-MS/MS
Amphetamine	3000	ng/mL	5.0	001 - Peripheral Blood	LC-MS/MS
Amphetamines	Presump Pos	ng/mL	500	004 - Urine	EIA

This test is an unconfirmed screen. Confirmation by a more definitive technique such as GC/MS is recommended.

Other than the above findings, examination of the specimen(s) submitted did not reveal any positive findings of toxicological significance by procedures outlined in the accompanying Analysis Summary.

Reference Comments:

1. Amphetamine (Benzphetamine Metabolite) - Peripheral Blood:

Amphetamine (Adderall, Dexedrine) is a Schedule II phenethylamine CNS-stimulant. It is used therapeutically in the treatment of narcolepsy and obesity and also in the treatment of hyperactivity in children. Amphetamine has a high potential for abuse. When used in therapy, initial doses should be small and increased gradually. In the treatment of narcolepsy, amphetamine is administered in daily divided doses of 5 to 60 mg. For obesity and children with attention deficits, usual dosage is 5 or 10 mg daily.

Following a single oral dose of 10 mg amphetamine sulfate, a reported peak blood concentration of 40 ng/mL was reached at 2 hr. Following a single 30 mg dose to adults, an average peak plasma level of 100 ng/mL was reported at 2.5 hr. A steady-state blood level of 2000 - 3000 ng/mL was reported in an addict who consumed approximately 1000 mg daily.

Overdose with amphetamine can produce restlessness, hyperthermia, convulsions, hallucinations, respiratory and/or cardiac failure. Reported blood concentrations in amphetamine-related fatalities ranged from 500 - 41000 ng/mL (mean, 9000 ng/mL). Amphetamine is also a metabolite of methamphetamine, benzphetamine and selegiline.

2. Amphetamines - Urine:

Amphetamines are a class of central nervous system stimulant drugs, with some therapeutic uses, and a high potential for abuse.

This result derives from a presumptive test, which may be subject to cross-reactivity with non-amphetamine related compounds. A second test is necessary to confirm the presence of amphetamine related compounds.

3. Caffeine (No-Doz) - Peripheral Blood:

Caffeine is a xanthine-derived central nervous system stimulant. It also produces diuresis and cardiac and respiratory stimulation. It can be readily found in such items as coffee, tea, soft drinks and chocolate. As a reference, a typical cup of coffee or tea contains between 40 to 100 mg caffeine.

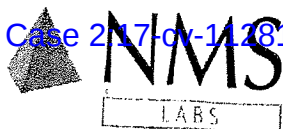
The reported qualitative result for this substance was based upon a single analysis only. If confirmation testing is required please contact the laboratory.

4. Naloxone (Narcan®) - Peripheral Blood:

Naloxone is a narcotic antagonist used to counter the central nervous system depression effects of opioids, including respiratory depression. It is also used for the diagnosis of suspected acute opioid overdose. Naloxone is available as a 0.4 mg/mL solution of the hydrochloride for parenteral injection.

Naloxone is also available in combination with buprenorphine (Suboxone®) for the treatment of opioid dependence. This combination is available in tablets of 2 mg buprenorphine with 0.5 mg naloxone or 8 mg buprenorphine with 2 mg of naloxone for sublingual administration.

The reported qualitative result for this substance was based upon a single analysis only. If confirmation testing is required please contact the laboratory.



CONFIDENTIAL

Chain 11884727
Patient ID 15-4606

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Reference Comments:

5. Phenylpropanolamine (Norephedrine; PPA) - Peripheral Blood:

Phenylpropanolamine is a synthetic sympathomimetic drug; potencies and pharmacological effects are approximately equivalent to ephedrine. The compound is normally available as the hydrochloride salt of the racemic mixture. Phenylpropanolamine is not a controlled substance. At one time the drug was administered orally in doses between 6 and 50 mg for use as a decongestant, often in combination with antihistamines and analgesics in 'cold' remedies. In addition, the drug was widely used as an over-the-counter (OTC) diet aid in doses between 25 and 75 mg. Phenylpropanolamine was removed from the US market beginning in November 2000 due to concerns over its cardiovascular toxicity. Phenylpropanolamine (also known as norephedrine) is a metabolite of ephedrine and a minor metabolite of amphetamine.

Reported peak plasma concentrations of phenylpropanolamine following a 50 mg dose averaged 180 ng/mL at 1 to 2 hrs. Average peak plasma concentrations of 280 ng/mL were reported 6 hrs following administration of 150 mg phenylpropanolamine in a sustained-release formulation to 6 volunteers.

Phenylpropanolamine is capable of causing dizziness, palpitations, tachycardia, nervousness, insomnia, hypertension, and cardiac arrhythmias. Single doses of 50 to 75 mg have produced anxiety, agitation, hallucinations, and tremor in susceptible persons. Slightly higher doses have caused severe headache and hypertensive crisis in a number of individuals. In one deliberate fatal overdose case, a blood concentration of 48000 ng/mL was reported.

Sample Comments:

001 Due to the nature of this specimen, some analytes may not be detected by the LC/TOF-MS screen.

Unless alternate arrangements are made by you, the remainder of the submitted specimens will be discarded two (2) years from the date of this report; and generated data will be discarded five (5) years from the date the analyses were performed.

Workorder 15113407 was electronically signed on 05/01/2015 08:03 by:

Denice M. Teem,
Certifying Scientist

Analysis Summary and Reporting Limits:

All of the following tests were performed for this case. For each test, the compounds listed were included in the scope. The Reporting Limit listed for each compound represents the lowest concentration of the compound that will be reported as being positive. If the compound is listed as None Detected, it is not present above the Reporting Limit. Please refer to the Positive Findings section of the report for those compounds that were identified as being present.

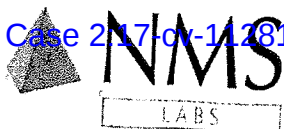
Acode 52409B - Amphetamines Confirmation, Blood (Forensic) - Peripheral Blood

-Analysis by High Performance Liquid Chromatography/
TandemMass Spectrometry (LC-MS/MS) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Amphetamine	5.0 ng/mL	Phendimetrazine	10 ng/mL
Ephedrine	5.0 ng/mL	Phenmetrazine	5.0 ng/mL
MDA	5.0 ng/mL	Phentermine	10 ng/mL
MDEA	10 ng/mL	Phenylpropanolamine	5.0 ng/mL
Methamphetamine	5.0 ng/mL	Pseudoephedrine	5.0 ng/mL
Norpseudoephedrine	5.0 ng/mL		

Acode 8050U - Postmortem Toxicology - Urine Screen Add-on (6-MAM Quantification only)

-Analysis by Enzyme Immunoassay (EIA) for:



CONFIDENTIAL

Wager ID 678
Chain 11884727
Patient ID 15-4606

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Analysis Summary and Reporting Limits:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Amphetamines	500 ng/mL	Methadone	300 ng/mL
Barbiturates	0.30 mcg/mL	Opiates	300 ng/mL
Benzodiazepines	50 ng/mL	Oxycodone	100 ng/mL
Cannabinoids	20 ng/mL	Phencyclidine	25 ng/mL
Cocaine / Metabolites	150 ng/mL	Propoxyphene	300 ng/mL

Acode 8057B - Postmortem Toxicology - Expanded with Vitreous Alcohol Confirmation, Blood - University of MI (CSA) -

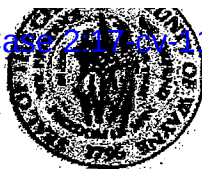
-Analysis by Enzyme-Linked Immunosorbent Assay (ELISA) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Barbiturates	0.040 mcg/mL	Salicylates	120 mcg/mL
Cannabinoids	10 ng/mL		

-Analysis by Headspace Gas Chromatography (GC) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Acetone	5.0 mg/dL	Isopropanol	5.0 mg/dL
Ethanol	10 mg/dL	Methanol	5.0 mg/dL

-Analysis by High Performance Liquid Chromatography/ Time of Flight-Mass Spectrometry (LC/TOF-MS) for: The following is a general list of compound classes included in this screen. The detection of any specific analyte is concentration-dependent. Note, not all known analytes in each specified compound class are included. Some specific analytes outside these classes are also included. For a detailed list of all analytes and reporting limits, please contact NMS Labs.
Amphetamines, Anticonvulsants, Antidepressants, Antihistamines, Antipsychotic Agents, Benzodiazepines, CNS Stimulants, Cocaine and Metabolites, Hallucinogens, Hypnotics, Hypoglycemics, Muscle Relaxants, Non-Steroidal Anti-Inflammatory Agents, Opiates and Opioids.

1800 East Warren Avenue
Detroit, Michigan 48207

Case Registration Summary

15-4606

Police File No.

4/16/2015

Name of Deceased	Age	DOB	Race	Sex
David Kapuscinski	39	7/8/1975	White	Male

Reported By: Kim Gilstors- RN

Reported From: OAKWOOD HOSPITAL SOUTH
SHORE

Agency Address:

Telephone #: (734) 671-3881

Brief Circumstances: Tased by police during apprehension. Transported to hospital as full code and pronounced.

Decedent's Residence: 14843 Fairgrove SOUTHGATE MI 48195

Telephone #:

Marital Status: Unknown

Next of Kin: [REDACTED]

Address:

Event Address:

Transported From: Hospital

Via:

Status at Hospital: ER

Chart #: 11186257

Arrived at Hospital: 4/16/2015 04:09

Pronounced Dead: 4/16/2015 04:38

By Dr. Aaberg

Doctor / Hospital Comments:

Per hospital staff the decedent was brought into the ER as a full code. He was worked as a full code for an unknown amount of time in the field, and then hospital staff continued code for approximately 30 minutes, then pronounced. The decedent's medical history is unknown as well as the PMD. The decedent does not have any obvious trauma. Per hospital staff he appears to use drugs due to the presence of possible track marks and pock marks. No labs or scans were done.

Per hospital staff the decedent was found forcing his girlfriend to perform oral sex and also sodomizing her. The decedent was said to have just woken up from a nightmare. PD was called to the location where this happened and decedent was tased. After being tased he began complaining of shortness of breath and went into cardiac arrest.

HX:

Body Ordered to MEO: Yes

Police Information:

Notified:

Officer: Det. Sgt Pat Roti- Lead (rotip@michigan.gov)

Police Case #:

Police Comments: Per Det. Sgt. Tim Holme (313-590-7262) the decedent was sexually assaulting an individual, police were called. During apprehension the decedent was tased. Per police the decedent was tased once (which also struck the decedent's girlfriend) and then tased again. Taser contact is believed to be to the back and to the chest. The decedent was nude upon arrival to the hospital.

The decedent's hands were bagged at the hospital by police. Police are asking for fingernail scrappings and nail clippings.

Gibraltar and Rockwood police were both on scene, unknown at time of reporting which used taser.

Incident happened at 14680 Gibraltar Road # 16, in Gibraltar. Case investigation is being handled by Michigan State Police. Det. Sgt. Pat Roti (810-965-5720, rotip@michigan.gov) is the lead on the case. JW spoke with Det. Sgt. Roti,



1300 East Warren Avenue

Detroit, Michigan 48207

Case Registration Summary

M.E. Case No.
15-4606

Police File No.

4/16/2015

he was with the victim at that time, he stated that he would call back and provide more information.

Provisional Manner of Death:

Type of Place Where Injury Occurred: Other Home

Address where Injury Occurred: 14680 Gibraltar Road #16, Gibraltar, MI

Date of Injury: 4/16/2015

Additional Case Comments:

Name of person attending autopsy:

Agency:

Jennifer Winner



WARREN EVANS
County Executive

☐ UF ☐ UM # _____

IDENTIFICATION DATA SHEET

WCME # 15-46006

DECEASED NAME: DAVID MICHAEL KAPUSCINSKI

LAST KNOWN ADDRESS: 14843 FAIRGROVE

City: SOUTHGATE

State: MI

ZIP: 48195

AGE: 39

SEX: ☒ Male ☐ Female

RACE: _____

MARITAL STATUS: SEPARATED

OCCUPATION: _____

BIRTHDATE: 7-8-75

SOCIAL SECURITY #: _____

BIRTHPLACE: SOUTHFIELD

NAME OF SPOUSE: _____

VETERAN: ☐ YES ☒ NO

BRANCH: _____

FATHER'S NAME: _____

MOTHER'S MAIDEN NAME: _____

SIGNATURE: _____

WITNESSES

☐ DRIVER'S LICENSE ☐ STATE ID#: _____

TELEPHONE: _____

NAME: _____

ADDRESS: _____

AGE: _____

SEX: ☐ Male ☒ Female

RELATIONSHIP: _____

CITY/STATE/ZIP: _____

LAST SEEN: _____

KNOWN FOR: 39 YRS

SIGNATURE: _____

TELEPHONE: (____) _____

☐ DRIVER'S LICENSE ☐ STATE ID#: _____

NAME: _____

ADDRESS: _____

AGE: _____

SEX: ☐ Male ☐ Female

RELATIONSHIP: _____

CITY/STATE/ZIP: _____

LAST SEEN: _____

KNOWN FOR: _____ YRS

IDENTIFIED TO: _____

TIME: 9:10

☒ AM ☐ PM

DATE OF IDENTIFICATION: 4-17-15

CLERICAL SIGNATURE: [Signature]

OFFICE OF THE MEDICAL EXAMINER

1300 E. WARREN AVENUE • DETROIT, MICHIGAN 48207

ADMINISTRATION 313-833-2504 • FAX 313-833-2534

INVESTIGATION & 24 HOUR TELEPHONE NUMBER 313-833-2570 • FAX 313-833-2571



Michigan Department of Community Health
 Vital Records & Health Data Development Section
 Registration Sub-Unit
 P.O. Box 30691, Lansing, Michigan 48909

State File Number:

Local File Number:

PLEASE READ AND FOLLOW THE INSTRUCTIONS ON THE REVERSE SIDE OF THIS FORM

PLEASE TYPE OR PRINT IN BLACK INK

NAME OF DECEDENT (First, Middle, Last) David Michael Kapuscinski		DATE OF DEATH (Month, Day, Year) Apr 16, 2015	
LOCATION OF DEATH (County and City, Village or Township) WAYNE TRENTON		HOSPITAL OR FACILITY OAKWOOD HOSPITAL SOUTH SHORE	
28a. ACTUAL OR PRESUMED TIME OF DEATH M	28b. PRONOUNCED DEAD ON (Mo., Day, Yr.)	28c. TIME PRONOUNCED DEAD M	29. MEDICAL EXAMINER CONTACTED? (Yes or No)
30. PLACE OF DEATH (Home, Hospice, Nursing Home, Hospital, Ambulance) (Specify)	31. IF HOSPITAL, Inpatient, Outpatient, Emergency Room, DOA (Specify)	32. MEDICAL EXAMINER'S CASE NUMBER (if applicable) 15-4606	

36. PART I. Enter the chain of events-diseases, injuries, or complications- that directly cause the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause on a line.

If diabetes was an immediate, underlying or contributing cause of death be sure to record diabetes in either Part I or Part II of the cause of death section, as appropriate.

Sequentially list conditions, IF ANY, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST

IMMEDIATE CAUSE (Final disease or condition resulting in death)

- a. **CARDIAC DYSRHYTHMIA**
 DUE TO (OR AS A CONSEQUENCE OF)
ELECTRICAL STUN GUN WOUND TO THE CHEST
- b. _____
 DUE TO (OR AS A CONSEQUENCE OF)
- c. _____
 DUE TO (OR AS A CONSEQUENCE OF)
- d. _____

Approximate Interval Between Onset and Death
UNKNOWN
UNKNOWN

PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in Part I.
AMPHETAMINE USE

37. DID TOBACCO USE CONTRIBUTE TO DEATH?
☐ Yes ☐ Probably
☐ No ☐ Unknown

38. IF FEMALE:
☐ Not pregnant within past year
☐ Pregnant at time of death
☐ Not pregnant, but pregnant within 42 days of death
☐ Not pregnant, but pregnant 43 days to 1 year before death
☐ Unknown if pregnant within the past year

39. MANNER OF DEATH-Accident, Suicide, Homicide, Natural, Indeterminate or Pending (specify) Homicide		40a. WAS AN AUTOPSY PERFORMED? (Yes or No)	40b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)
41a. DATE OF INJURY (Mo., Day, Yr.) 04/16/2015	41b. TIME OF INJURY UNKNOWN M	41c. DESCRIBE HOW INJURY OCCURRED ELECTRICAL STUN GUN WOUND TO THE CHEST	
41d. INJURY AT WORK (Yes or No) No	41e. PLACE OF INJURY-At home, farm, street, construction site, wooded area, etc. (Specify) Dwelling	41f. IF TRANSPORTATION INJURY - Driver/Operator, Passenger, Pedestrian, etc. (Specify)	41g. LOCATION - Street or RDF No. City, Village or Twp. State 14680 GIBRALTER ROAD #16 GIBRALTER, MI.

OTHER CORRECTIONS: (enumerate item numbers for which corrections are being requested)

Items in error on the original certificate of death have been correctly entered in the appropriate spaces above.

I requested that an amended certificate of death be filled in accordance with the fact set forth in this application.

Signature

[Signature]

Date

Jun 02, 2015

Medical Examiner
 Jeffrey Hudson, M.D. Assistant Medical Examiner
 1300 E. Warren Ave. Detroit, MI 48207



CERTIFICATE OF DEATH

STATE FILE NUMBER
3855243

KAPUSCINSKI, DAVID

NAME OF DECEDENT
For use by physician or institution

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF BIRTH (Month, Day, Year)		3. SEX Male	4. DATE OF DEATH (Month, Day, Year) Apr 16, 2015	
5. NAME AT BIRTH OR OTHER NAME USED FOR PERSONAL BUSINESS (include AKA's if any)				6a. AGE - Last Birthday (Years)	6b. UNDER 1 YEAR MONTHS DAYS	6c. UNDER 1 DAY HOURS MINUTES
7a. LOCATION OF DEATH (Enter place officially pronounced dead in 7a, 7b, 7c) HOSPITAL OR OTHER INSTITUTION - Name (if not in either, give street and number and zip code) OAKWOOD HOSPITAL SOUTH SHORE			7b. CITY, VILLAGE, OR TOWNSHIP OF DEATH TRENTON		7c. COUNTY OF DEATH WAYNE	
8a. CURRENT RESIDENCE - STATE	8b. COUNTY	8c. LOCALITY (check the box that describes the location) <input type="checkbox"/> CITY OR VILLAGE (inside limits of) <input type="checkbox"/> TOWNSHIP <input type="checkbox"/> UNINCORPORATED PLACE		8d. STREET AND NUMBER (Include Apt. No. if applicable)		
8e. ZIP CODE	9. BIRTHPLACE (City and State or Country)		10. SOCIAL SECURITY NUMBER		11. DECEDENT'S EDUCATION - What is the highest degree or level of school completed at the time of death?	
12. RACE - American Indian, White, Black, etc. (if Asian, give nationality, ie. Chinese, Filipino, Asian Indian, etc.) (Enter all that apply)		13a. ANCESTRY - Mexican, Cuban, Arab, African, English, French, Dutch, etc. (Enter all that apply) If American Indian race, enter principal tribe		13b. HISPANIC ORIGIN (Yes or No)		14. WAS DECEDENT EVER IN THE U.S. ARMED FORCES (yes or no)
15. USUAL OCCUPATION Give kind of work done during most of working life. Do not use retired.		16. KIND OF BUSINESS OR INDUSTRY		17. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)		18. NAME OF SURVIVING SPOUSE (if wife, give name before first married)
19. FATHER'S NAME (First, Middle, Last)			20. MOTHER'S NAME BEFORE FIRST MARRIED (First, Middle, Last)			
21a. INFORMANT'S NAME (Type/Print)		21b. RELATIONSHIP TO DECEDENT	21c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Village, State, Zip Code)			
22. METHOD OF DISPOSITION Burial, Cremation, Entombment, Donation, Removal, Storage (Specify)		23a. PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other location)			23b. LOCATION - City or Village, State	
24. SIGNATURE OF MORTUARY SCIENCE LICENSEE		25. LICENSE NUMBER (of Licensee)	26. NAME AND ADDRESS OF FUNERAL FACILITY			
27a. CERTIFIER (Check only one) <input type="checkbox"/> Certifying Physician - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input checked="" type="checkbox"/> Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. Signature and Title <u>[Signature]</u> M.D.		28a. ACTUAL OR PRESUMED TIME OF DEATH 4:38 AM M		28b. PRONOUNCED DEAD ON (Mo, Day Yr.) Apr 16, 2015		28c. TIME PRONOUNCED DEAD 4:38 AM M
27b. DATE SIGNED (Mo., Day, Yr.) Apr 17, 2015		27c. LICENSE NUMBER 100422	29. MEDICAL EXAMINER CONTACTED? (Yes or No) Yes		30. PLACE OF DEATH (Home, Hospice, Nursing Home, Hospital, Ambulance) (Specify) Hospital	
31. IF HOSPITAL, Inpatient, Outpatient, Emergency Room, DOA (Specify) ER		32. MEDICAL EXAMINER'S CASE NUMBER 15-4606		33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		
34. NAME AND ADDRESS OF CERTIFYING PHYSICIAN (Type or Print) Jeffrey Hudson, M.D. Assistant Medical Examiner 1300 E. Warren Ave, Detroit, MI 48207						
35a. REGISTRAR'S SIGNATURE				35b. DATE FILED (Month, Day, Year)		
36. PART I. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause on a line. If diabetes was an immediate, underlying or contributing cause of death be sure to record diabetes in either Part I or Part II of the cause of death section, as appropriate. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, IF ANY, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST						Approximate Interval Between Onset and Death
a. PENDING DUE TO (OR AS A CONSEQUENCE OF)						
b. DUE TO (OR AS A CONSEQUENCE OF)						
c. DUE TO (OR AS A CONSEQUENCE OF)						
d. DUE TO (OR AS A CONSEQUENCE OF)						
PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in Part I.				37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		38. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year
39. MANNER OF DEATH - Accident, Suicide, Homicide, Natural, Indeterminate or Pending (Specify)		40a. WAS AN AUTOPSY PERFORMED? (Yes or No) Yes	40b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No) Yes			
41a. DATE OF INJURY (Mo., Day, Yr.)	41b. TIME OF INJURY M	41c. DESCRIBE HOW INJURY OCCURRED				
41d. INJURY AT WORK (Yes or No)	41e. PLACE OF INJURY - At home, farm, street, construction site, wooded area, etc. (Specify)	41f. IF TRANSPORTATION INJURY - Driver/Operator, Passenger, Pedestrian, etc. (Specify)	41g. LOCATION - Street or RFD No. City, Village or Twp. State			

MEDICAL EXAMINER